



ACROD Parking Program & International Visitors with Disabilities in Western Australia (WA)

Parking Permit Application Form

Please complete the attached information and return to
ACROD Parking Program

SECTION A – International Applicant Details		
Title: circle	Mr Mrs Ms Miss Other _____	Male Female

Surname:	
Given names:	
Visa Number: if known	

Date of Birth	_ _ / _ _ / _ _ _ _	Age:	
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Residential Address: Country:	Your permit will only be posted within WA. What will be your postal address when you arrive in WA?
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Phone Numbers	Day time: ()	After hours: ()
E-mail		
Dates you are staying in WA	Arrive in WA:	
	Depart from WA:	

	Name of diagnosis or brief detail of your diagnosis.	Year diagnosed?
Primary diagnosis		
Secondary diagnosis		

MOBILITY: Do you use a mobility aid? (tick appropriate boxes below)
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	Sometimes	Always	Never		Sometimes	Always	Never
Scooter/power Wheelchair				Walking-Frame			
Manual wheelchair				Crutch(s)			
Walking stick				Other			

For the following questions, 50 metres is the length of an Olympic-size swimming pool.

When you walk or attempt to walk 50m:	Sometimes	Always	Never
Do you experience pain?			
Are you fatigued or short of breath?			
Are you at risk of a fall?			
Are you able to carry items while you walk, e.g. shopping bags?			
Do you need physical assistance from a companion/carer?			
Can you navigate steps and stairs?			
Is it difficult for you to get in and out of a vehicle?			

If getting in and out of a vehicle is difficult for you, please explain why:

Any other information you can provide about your mobility:

Applicant's Statement:

I confirm that my signature verifies the following:

- ✓ I authorise the ACROD Parking Program to verify the information contained in this form with my doctor/OT/physiotherapist (where possible), and may disclose information about me to assist with my application;
- ✓ I certify that the information in this application is correct to the best of my knowledge

Signature of applicant; or agent if applicant unable to sign	Date

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PAYMENT: Administration Fee - Cost per permit is \$16.50 AUS

You must include the total administration fee with the application. **Cheques or money orders** must be made payable to ACROD Parking Program, and posted to: ACROD Parking Program, PO BOX 1428, OSBORNE PARK WA 6916.

Credit Card Payment VISA MASTERCARD

Credit Card Number: _____ - _____ - _____ - _____ Exp: ____/____ **Amount: \$ 16.50 AUS**

Card Holder's Name:

Signature:
